No. 300	u The in	THE DIVISION OF HEALTH OF MISSOURI								
10.48	FLE E JA	N 3 1951	STANDARD	CERTIF	ICATE OF DE	EATH	State I	File No	40606	
ļ			REG. DIST. NO	149	PRIMARY REG. DIST			rar's No	5103	
7)	1. PLACE OF DEA	I. PLACE OF DEATH				2. USUAL: RESIDENCE (Where decessed lived. If institution: residence before				
		rekson	<u></u>		II	your	<u></u>	Jac.	keon dinimina).	
	ا OK	orporate limite, write R	ENGTH OF	OR AND THE PROPERTY OF THE PRO						
Ð	d. FULL NAME OF	was a	. Tu	day_	TOWN Kan	sar e	ity_		クトレ	
RECORD	d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS 17	(If rains), et	ive location)	Ro.	120	
RE	3. NAME OF DECEASED	3. NAME OF a. (Fight) b. (Middle)				10 7-	4. DATE (Month)		
1.	(Type or Print)	INFA	NT BOY)		BUKATY	,	OF	Noone)	(Day) (Year) マ /9ぶも	
TEN	5. SEX / 6.	COLOR OR RACE	7. MARRIED, NEVER M. WIDOWED, DIVORCEI	ARRIED.	8. DATE OF BIRTH		GE (In years	of thous	TEAR F DECER 24 H25.	
Ě	MALE	MH	Jakon		IEC 2	<u> </u>	Cast birthday)	Months	Days Hours Min.	
PERMANENT	10a. USUAL OCCUPATIO)N (Clive kind of work) ng life, even if retired)	106. KIND OF BUSINES	SS OR IN- DUSTRY	11. BIRTHPLACE (Star	te or forms oou	intry)	11	12. CITIZEN OF WHAT COUNTRY?	
Ē	13a. FATHER'S NAME		100 00000		Kansas		Mo		us	
∢	138. FATHER S HAME	R. A.	13b. MOTHER	S MAIDEN	NAME 4	14. HIME	OF HUSBAND	OR WIFE		
8	I5. WAS DECEASED EVE	M IJUNE	TOPPER LIE SOCIAL	N KK	moore					
MAKE	(Yes, no, or unknown) (II	Yes, give war or dates	FORCES? 16. SOCIAL S	SECURITY NO.	17. INFORMANT				ADDRESS	
7	12 CAIRS OF DEATH		ME			relaty	<u> </u>		ccmo	
INK	18. CAUSE OF DEATH . Enter only one cause per	I. DISEASE OR CO	ONDITION ON DEATH*(a)	DICAL C	ERTIFICATION	12	, 		INTERVAL BETWEEN ONSET AND DEATH	
E	line for (a), (b), and (c)	DIRECTLY LEAD!	ING TO DEATH*(a)	noru	abdonun			- pe	10 HAS!	
CK	*This does not mean	ANTECEDENT CAUSES							>	
BLA	the mode of dying, such as heart failure, asthenia.	I THE TO THE GOODE CO	s, if any, giving DUE TO (touse (a) stating	ه)(ه	apart of sever					
- []	etc. It means the dis-	the underlying cau	use last. DUE TO (c	. Zen	4	0	10. 1.	:		
Ğ	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF	FICANT CONDITIONS	· ·		prova	fu ou	their	yery_	
DIG			buting to the death but not ise or condition causing death	Mis c	in mende	a war	ino	ا ٠	d::	
FA	19a. DATE OF OPERA-	DATE OF ODERA I IN MALOR ENGINEERS						20. AUTOPSY2		
UNFADING	12-2-50 TION	nomel	an carplina	10d	lelinen		alal	10/	YES W NO	
II.	21a. ACCIDENT	(Specify) 2	21b. PLACE OF INJURY (e.g.,	in or about	21c. (CITY, TOWN, OR	TOWNSHIP)	(COU	NTY)	STATE)	
DSING	SUICIDE HOMICIDE	E	home, farm, factory, street, office	a bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	м,	(SINIE)	
SD	21d. TIME (Month)	(Day) (Year) (E	Hour) 21e. INJURY OC	CURRED	21f. HOW DID INJURY	Y OCCURT				
	OF INJURY		MHILE AT NOT WORK AT	WHILE	-,	• ====				
Ţ,	22. I herebu certifu ti	hat I attended ti	be deceased from 12		_, 19 <u>50</u> , to/.	1-2	1050 the	4 T 1-et	4	
Ta L	V alive on 12 -	<u> </u>	2, and that death occi	urred at _	7 30 0 m., from t	the causes a		H I Wow to stated	saw the deceased above.	
P.L.	234. SIGNATURE A	.B.Sinclai	ir Jr. U (Degree	a or title)	23b. ADDRESS	The Care	700 VII 1110 III.	1	23c. DATE SIGNED	
~ j	ass	<u>meen</u>	Je m.D	· MD	4711 Can	trali	et (v)		12-3-50	
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Boodle)		1	_	OR CREMATORY		ON (City, town,	, or county	y) (State)	
P 11-	ammal 3	dec 4 /9	950 Mt C	<u>~~~~</u>		Kansa	e city	Wy	Kansas	
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	GNATURE 1/0	, 7	25. PUNERAL DIREC	TOR'S SIG	MATURE	AUD	RESS	
L	12-4-50	Derak	dine Hols	nest	Butters	dun	enal Hor	ne 1	-c. Nam	
			(Licensed Em	balmer's Sta	stement on Reverse Sid	de)	 ;			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
orking under my personal supervision	Student Embalmer No

Licensed Embalmer No. 3462

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.